

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2		1				
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TOTAL IND.

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CLAIMS

TOTAL IND.

141

TOTAL

141

DEP.

141

TOTAL

46

CLAIMS

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SERIAL NO.

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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99		/				
100		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						